

1122 GSA PURCHASING PROGRAM
PARTICIPATION DATA SHEET

Agency Name: _____ Phone Number: _____

Fax Number: _____

Mailing Address: _____ Shipping Address: _____

Population Served: _____ Municipality: _____

Geographical Description of Area Served: _____

Number of Sworn Officers (*Including Reserve Officers*): _____

Number of Full-Time Narcotics Officers (*Including Investigators*): _____

Number of Officers Involved in Part-Time Narcotics Activities in Addition to Other Duties: _____

Number of Tactical Officers (*Include SWAT, Special Operations & Task Force Officers*): _____

Number of Air Support Officers (*Pilots, Co-Pilots, Air Surveillance Officers*): _____

Number of Canine Officers: _____ Number of Boat Patrol Officers: _____

Number of Counter-Drug Task Forces your Department participates in or contributes to: _____

To what extent: _____

Number of Gang Task Forces your Department participates in or contributes to: _____

To what extent: _____

List Special Equipment your agency has (*e.g. aircraft, marine craft, off-road vehicles, assault vehicles, armored vehicles, mobile command centers*): _____

Describe the drug problem in your jurisdiction and the strategy undertaken to confront the problem.
(*This information provides justification to the Department of Defense that property procured through the Program will be used by a bona fide state or local governmental agency in the drug enforcement effort.*):

Identify the person(s) who will be authorized to requisition/sign for items purchased through the 1122 Program on behalf of your agency. *(We recommend a minimum of two people have this authority to help avoid a delay in the ordering process.):*

Name: _____ Position/Title: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Name: _____ Position/Title: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Identify the accountable officer/staff member who will take possession/sign for and authorize payment on 1122 Program purchased on behalf of your agency:

Name: _____ Position/Title: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Name: _____ Position/Title: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____